

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0138  
Expires 11-30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>6341</u>	2. Fiscal Year Covered From <u>01/01/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>Bill R. Eden</u>  P.O. Box, Bldg., Room No., if any  Street <u>500 Quapaw Ave</u>  City <u>Arkmore</u>  State <u>OK</u> ZIP Code <u>74401-045</u>	4. Name, file number, and address of labor organization Name <u>Plumbers &amp; Pipefitters Local 430</u>  Labor Organization File Number <u>540908</u>  P.O. Box, Building and Room Number, if any  Street <u>2908 N Harvard Ave.</u>  City <u>Tulsa</u>  State <u>OK</u> ZIP Code + 4 <u>74115-2404</u>
5. Position in labor organization <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Had an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any)  Name  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

8-10-05

Bill R. Eden

On

8-10-05  
Date

918-836-6430 EXT 14  
Telephone Number

Name of Person Filing <b>BILL R ELLI</b>	File Number U-
--	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (\*) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any)  Name <b>PIPEFITTERS Local 430 Health &amp; Welfare Fund</b> Trade Name, if any:  P.O. Box, Bldg., Room No., if any:  Street <b>2908 N. HARVARD AVE.</b> City <b>Tulsa</b> State <b>Oklahoma</b> ZIP Code + 4 <b>7445-2404</b>	9. Business deals with:  <input checked="" type="radio"/> a. Labor Organization b. Trust c. Employer
10. If 9 b. or 9 c. is checked give trust or employer's name.  Name: Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street: City: State: ZIP Code + 4:	11.a. Nature of such dealing. <b>Union Negotiates Contracts with Signatory Contractors for Contributions made to Employee Benefit Funds</b>  11.b. Approximate dollar value of such dealing. <b>UNKNOWN</b> 12.a. Nature of interest held or income received. <b>TRUSTEE TRAINING CONFERENCE (IFEBP) PRE REGISTRATION FEE AND HOTEL DEPOSIT.</b>  12 b. Amount. <b>1310.<sup>00</sup></b>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)  Name: Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street: City: State: ZIP Code + 4:	14.a. Nature of payment:          14 b. Amount of payment:
---	--

Is the Business an Employer or Consultant? ☐ 2